

रमजास्य पर्येगामास्यायाया इयासीया

Royal Government of Bhutan



Confidential

ন্ম্যামির্নিম্বের্ডিমাম্মির্নম্বর্তিমাম্মির্নিম্বর্তিমাম্মির্ম্বর্তিমাম্মির্নিম্বর্তিমাম্মির্নিম্বর্তিমাম্মির্নিম্বর্তিমাম্মির্বিম্বর্তিমাম্মির্বিম্বর্তিমাম্মির্বিম্বর্তিমাম্মির্বিম্বর্তিমাম্বর্বর্তিমাম্বর্তিম

Dzongkhag	Dzongkhag	Structure No.
Gewog/Town	Gewog/Town	Census House No.
	Chiwog/Block	Household No.
	Village	Type of Household (Write one appropriate code)
	Enumeration Area	1. Regular 2. Institution
The second secon	(Selection of the Control of the Con	3. Transient
No. of Visit (🗸)	Enumerator's Name	
Completed (🗸)	Supervisor's Name	Date :/05/2005

Use the f	following type of numeric characters in writing:	F(inherajeou a		CB-2B:	HOUSEHOLD	MEMBERS LIST	Signature
PERSON NUMBER	NAME OF HOUSEHOLD MEMBERS	RELATIONSHIP	SEX	AGE	MEMBER STATUS		MEMBERS ABSENT
Circle members	Write the full name, starting with the household head, followed by members present, members absent and	Relationship to head of the	(1) Male	Write age	(1) Member present (2) Member absent	Within Bhutan	Outside Bhutan
qualifying for PHCB-2C	visitors	household (See code below)	(2) Female	completed years	(3) Visitor/guest If [1] or [3] GO TO NEXT MEMBER	Mention Dzongkhag, Gewog/Towr	Mention Country

(4)

(5)

(3)

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(6)

(7)

DURATION ABSENT

Write the duration

absent in completed

numbers of

months

(10)

CODE

For Office

(9)

(8)

MALE FEMALE

(I) TOTAL MEMBERS PRESENT ON CENSUS NIGHT

(III) TOTAL VISITORS ON CENSUS NIGHT

(II) TOTAL MEMBERS ABSENT OUT OF COUNTRY (IV) TOTAL { (I) + (II) + (III) }

(1)

(2)

Use	the fo	ollowin	ng typ	e of n	umerio	char	acters	in wri	ting:
0	1	2	3	4	5	6	7	8	9

FORM PHCB-2C: INDIVIDUAL MEMBER DETAILS

PART A: GENERAL DEMOGRAPHIC CHARACTERISTICS AND MIGRATION

FOR PERSONS OF ALL AGES

PERSON NUMBER	NAME OF HOUSEHOLD MEMBER	MARITAL STATUS	RELIGION	SPOKEN LANG	UAGE	DISA	BILITY	PLACE OF BIRTH		DURATION OF STAY	PREVIOUS RESIDENCE	The rest	REASON FOR MIGRATION
Copy Person Number from Form PHCB-2B	Write the name of the member exactly as in PHCB-2B	(1) Single (2) Married (3) Widowed (4) Divorced (5) Separated (6) Living together	Married (2) Hinduism (3) Other (3) Other (4) Household. (For babies and speech disabled write '99'.) (5) Mental (2) Hinduism (3) Other (3) Other (5) Household. (For babies and speech disabled write '99'.) (6) Mental (7) In seeing (8) In speaking (9) In speaking (9) In moving (1) In seeing (1) In seeing (2) In speaking (3) In hearing (4) In moving (5) Mental (5) Mental		Write the name of Dzongkhag, gewog/town if born within Bhutan and name of country if born outside Bhutan.	For office use	Duration of stay in the current gewog/town? Write in completed years; if less than one year write "00")	Writest e name of Dongkhag gwegfrom it born outside Bhutan. Write the name of Dzongkhag gewog / town of last residence if within Bhutan. And write name of country of last resident if outside Bhutan	For office use	Reason for change of residence (Enter Code from list below)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
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Muniber from Fores	(2) Past (2) Past (2) Past	Proposed a	not pre t	one week (00) Herrores (00) Herrores (00) Syring			10 1 E	(60) (00) (00) (00) (00) (00) (00) (00)		Wanting for Work Leoking for wor Washing for	Excited Sequences	i ja	-triomph -triomph -tripped
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PERSON	Can read & Attended Highest while in any School/Institute comple language	Attend grade tradition led nonforms learnin	tal/ Worli Uself pa	ed in the st one Sector sek?		Ameng	Aain Occ	pation in the past one Employment stall week	(6)	eason for not w	orking Professional Skills		ain source of facome
	EDUCATION (PERSONS 6 YE	ARS AND OVER						EMPLOYMENT AND INCOME (FOR		NS AGE 15 /	IND OVER)		
ART B:	EDUCATION AND EMPLOYMENT									1)			
				2 2				*					
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CODES FOR COLUMN 14: (00) Never moved (01) Employment (02) Education (03) Training (04) Marriage (05) Family move (06) Transfer of work place (07) Resettlement (08 Natural Calamities (09) Security (10) Health (11) Business/official tours (12) Retirement (13) Tourist (14) Visiting only (15) Others (Specify)

Use	the fo	ollowin	ng typ	e of n	umerio	char	acters	in wri	ting:
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FORM PHCB - 2C: INDIVIDUAL MEMBER DETAILS

PART B: EDUCATION AND EMPLOYMENT

	EDUC	CATION (PERSO	NS 6 YEARS A	ND OVER)			EMPLOYMEN	T AND	INCOME (FOR PER	RSONS AGE 15 AND OV	ER)		
PERSON NO.	Can read & write in any language	Attended School/Institute	Highest grade completed	Attended traditional/ nonformal/self learning	Worked in the past one week?	Sector of Employment	Main Occupation in the pas week		Employment status	Reason for not working	Professional Skills		Main source o
Copy Person Number from Form PHCB-2C (Part A)	(1) Yes (2) No	(1) Now (2) Past (3) Never GO TO 19	(00) No grade (01) Grade 1 	Write number of years completion in traditional/ nonformal education. If did not attend, write "99"	Worked for cash or kind at least one hour in the past one week. (1) Yes (2) No GO TO 25	(01) Agriculture (02) Mining/Quarrying (03) Manufacturing (04) Electricity/gas/water (05) Construction (06) Retail/Wholesale Trade (07) Hotel/Restaurant (08) Transport/Commun. (09) Finance/Insurrance (10) Public admn./security (11) Education (12) Health services (13) Others (Specify)	Primary Teacher Dentist Electrical Engineer Auto Mechanic Farmer	For office use	(01) Employer (02) Paid Employee (03) Own-account worker (04) Unpaid family worker (05) Others (Specify)	(01) No job (02) Absent from work (03) Waiting for work (04) Looking for work (05) Waiting for seasonal work (06) Taking care of home (07) ill health (08) Studying (09) Disabled (10) Old age (11) Doesn't want to work	Examples: Teaching Dentistry Electrical Engineering Auto Mechanic Farming Clerk Computer Operator Goldsmith Blacksmith Mask Dancer etc. No skill	For office use	(01) Salary/wage (02) Own enterpris (03) Farming (04) Property (05) Pension (06) Stipend (07) Remittances (08) Livestock (09) Weaving (10) Other sources (11) No income
(15)	16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
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HCB-SB				arang -	(For ball	Chicago In St. College	und -			The state of the s	rite the name of Dzengkhag I town of last residence if with		SEC. BOLD BALL
Person Forms		2.000.00	(c) pag	teo (3) tauc	INCHES AND ADDRESS OF THE PARTY	Hole Transfer				Personal P		No.	(Eller Con
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UMBER	NAME OF	HOUSEHOLD ME	BER SI	IATUS RELIG	ION SPOKE	N FYNCHYGE DIS	ones a la l		and the state of	OFSTAY			MIGRATIC
ERSON				BITAI			/BIFILLA		OF BIRTH	DURATION	PREVIOUS RESIDENCE		POR FOR
				The Day		The state of the s	BPSONS OF ALL AGE		To be of the workers				
ART A: G	ENERAL DE	MOGRAPHIC CH	ARACTERISTICS	AND MIGRATION		V. Ash							1
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FORM PHCB-2C: INDIVIDUAL MEMBER DETAILS

PART C: FERTILITY OF WOMEN AGE 15-49 YEARS (NOTE: PART C: Fill in for all women aged 15-49 years including institutional households and transient population)

PERSON		NAME			ELIVERED	. ACT OF OR	blong		SPON-ALION	TOTAL NUM	BER OF BIRT	THS AND	BIRTH ATTENDANCE	Top wha		
NUMBER			MALY	LVLIT	LEIVENED		CH	IILD BORN II	N HER LIFETII	ME	11 ures		NUMBER OF C	HILDREN BO	RN IN PAST 12	MONTHS
Copy Person Number from Form PHCB- 2C (PART A)	Write the full	name of the woma	n		n birth in her etime	born to the	live children e woman in fe time	How man	y are living?	How man	y are dead?	Any de	elivery in the past 12 months?	Number of	children born	Did trained health professional attend during delivery?
align patients (Arcaza tate au	typese .		(1) Yes (2) No Go	TO NEXT WOMAN	Male	Female	Male	Female	Male	Female	(1) Yes (2) No	GO TO NEXT WOMAN	Male	Female	(1) Yes (2) No
(1)		(2)			(3)	(4)	(5)	(6)	(7)	(8)	(9)	*	(10)	(11)	(12)	(13)
5) 2 - 4 hours :	(5) Shew leaves	(5) Straw/ les ras	(5) Rant fre	es dont house	(5) Five rooms	(5) LPG	9)	rre	(5) Long	irop latene house	(5) Tube well	1.6	(5)	Sompular	(5) Vehicle	Francisco
4+2 -3 hours	(4) Wood	(a) Wood	(4) Hent free	e private house	(4) Four rooms	(4) Score	(4	Soler	(4) VIDP	atrine house	(e) Rain wate		(4) I	lobile phone	(F) Business	
ol s. s. vons.	(a) with	(e) jyron	(9) Liausa	Live lices	(n) many transce	fa) Luciu	(0)	Linkson	(3) Share	unside hause	(3) Spring/ m pond	et/	(3)	elephone and line)	131 Lucatoria	I reverse
2) 34 modes - 14 our	(a) cerwera	i2, c@th/iztal	(2)-Aurued	Boyl House	(2) Тмо толя	(5) (50.00	(2	Kercsone	(2) Indepo	ardent purns	(2) Piped wa outside ho	nze 91	(S) No (S)	Y/Video	(S) Hutles Div	(5) yro
Ti less than 30 mijutes	(11-Cpriorde/ Brick/Stone	(1) Concrete/ Brick/Stone	(1) Owner of	centred	(1) One room	(1) Electri	iliy (1	Electricity	(1) indep	ndent sten	(1) Piped Wal Wilhin hou	88	(1) Yes (1)	layer	(1) Lankpiot	
		6.		W. A. S.							1			Carrie -		- 4 1
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Distance of		Construction	On what	mets desp the	Ma. of room	e prins	Jimse at	Secie Ind	Tolki v	erali Tuda	New son	ce of	bia any Co	omunication todiniss	Does the	nod any
APPROACH ROAD	WALL	ROOF	HOUSE (OCCUPATION TATUS	NUMBER O ROOMS	Figi	шие с	ODKING EU	EL TOILE	FACILITY	DRINKI WATE	d . AC	VISIT TO CO HEALTH FACILITY I	MUNICATION MEDIA ACHUTIES	OWNERS! ASSETS	IP/ HAPPINESS
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ART A: HOUSIN	GCONDITIONS	S AND FACILITY	ES (NOTE	: Part As to	leed not be t	iled in for	nattlution	n portecti	ids and tr	malent po	(britetion)					
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Use	Use the following type of numeric characters in writing:													
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FORM PHCB-2D: HOUSEHOLD INFORMATION

PART A: HOUSING CONDITIONS AND FACILITIES (NOTE: Part A: Need not be filled in for institutional households and transient population)

Cirlcle the relevant options TAND MODES FOR SER ONS A SERVICE OF THE PROPERTY OF THE PROPERTY

APPROACH ROAD	WALL MATERIAL	ROOF MATERIAL	HOUSE OCCUPATION STATUS	NUMBER OF ROOMS	LIGHTING	COOKING FUEL	TOILET FACILITY	DRINKING WATER SOURCE	VISIT TO HEALTH FACILITY	COMUNICATION MEDIA FACILITIES	OWNERSHIP/ ASSETS	HAPPINESS
Distance of household from the nearest motorable road head	Main construction material of the wall	Construction material of roof	On what basis does the household occupy this house?	No. of rooms occupied by household (excluding bathroom, toilet and storeroom)	Main Source of Lighting	Circle Two Main Cooking Fuel	Toilet facility in use	Main source of drinking water supply	Did any household member attend a health facility in the past one year?	Communication facilities • available in the household	Does the household own the following anywhere?	Are you happy?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
(1) less than 30 minutes	(1) Concrete/ Brick/Stone	(1) Concrete/ Brick/Stone	(1) Owner occupied	(1) One room	(1) Electricity	(1) Electricity	(1) Independent flush toilet inside house	(1) Piped water within house	(1) Yes	(1) Road/ Tape player	(1) Land/plot	(1) Yes
(2) 30 minutes - 1 hour	(2) CGI/Metal	(2) CGI/Metal	(2) Rented Govt. House	(2) Two rooms	(2) Kerosene	(2) Kerosene	(2) Independent flush toilet outside house	(2) Piped water outside house	(2) No	(2) TV/Video	(2) House/building	(2) No
(3) 1 - 2 hours	(3) Mud	(3) Mud	(3) Rented private house	(3) Three rooms	(3) Firewood	(3) Firewood	(3) Shared flush toilet outside house	(3) Spring/ river/ pond	(1) Too far	(3) Telephone (land line)	(3) Livestock	Vey Happy
(4) 2 - 3 hours	(4) Wood	(4) Wood	(4) Rent free private house	(4) Four rooms	(4) Solar	(4) Solar	(4) VIDP latrine outside house	(4) Rain water	(2) No need	(4) Mobile phone	(4) Business	, HEPOY
(5) 3 - 4 hours	(5) Straw/ leaves	(5) Straw/ leaves	(5) Rent free govt. house	(5) Five rooms	(5) LPG	(5) LPG	(5) Long drop latrine inside house	(5) Tube well	(3) No faith	(5) Computer	(5) Vehicle	3. Hot Very Happy
(6) 4 - 5 hours	(6) Bamboo	(6) Bamboo	(6) Others (Specify)	(6) Six rooms	(6) Personal generator	(6) Others (Specify)	(6) Pit latrine	(6) Others (Specify)	(4) No time	(6) Internet	(6) Fridge	
(7) 5 - 6 hours	(7) Others (Specify)	(7) Slate	(3) NO TOTAL	(7) Seven rooms	(7) Candle	Natio	(7) No toilet facility	Formato (2) (2)	(5) No money	(7) Others (Specify)	(7) Washing macine	
(8) More than 6 hours	Write the (vii	(8) Others (Specify)	Ever given-	(8) Eight or more rooms	(8) Others (Specify)	h How stary are	(8) Others (Specify)	ere dead? Any i	(6) Prefer home treatment	12 Market of S	(8) Machinery	s aramed heelth neseional allead aring dollsery?
PERSON NUMBER	- i - <u> i</u>	NAME	EVER DE	TAEBED		CHILD BORN IN HE	TOTAL NUMB	ER OF BIRTHS AN	(7) Transport problem	NCE OF CHILDREN BOR	(9) Others (Specify)	THS
PART C: FERTIL	TY OF WOMEN	AGE 15-49 YEA	RS (NOTE : PART C.	Fill in for all w	omen aged 15-	9 years including	ig lestitutional hor	seholds and V	ansient popula	lon)-		
0118	3 4 2 6	1 8 8										
Use the followin-	l (Abe of numberic e	saracters in writing:		FORM PH	CB-2C: IND	IVIDUAL M	EMBER DETA	ILS .			7.7	

Use	Use the following type of numeric characters in writing:													
0	1	2	3	4	5	6	7	8	9					

FORM PHCB-2D: HOUSEHOLD INFORMATION

PART B: PARTICULARS OF THE DECEASED IN PAST 12 MONTHS (NOTE: PART B: Need not be filled in for institutional households and transient population)

SL. NO.	NAME OF DECEASED	SEX	RELATIONSHIP	AGE OF DEATH	OCCUPATION		ILLNESS AT DEATH	FOR WOMEN 15-49 WHO DIED	
Vrite erial imber	Write the full name of the deceased	(1) Male (2) Female	Relationship of the deceased to the household head (Use code)	Write the age at time of death in completed years/months/days.	Write the Occupation at time of death	For office use	Nature of illness or accident that caused the death (Enter code from the list below)	Did the woman die while pregnant, during delivery or within 42 days after giving birth? (1) YES (2) NO	If "Yes" in Col. 9, mention the healt professional who attended her befo death? (Enter code from the list belo
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
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	col	DES FOR COLUMN	8 : NATURE OF ILLNESS	AND ACCIDENTS				Slynon	CODES FOR COLUMN 10: HEALT

(01) Fever (02) Diarrhoea (03) Heart Disease (04) Stomach related (05) Measles (06) Pneumonia (07) Cancer (08) Pregnancy related (09) Malaria (10) Road accident (11) Drowning (12) Accident at work (13) Natural calamity (14) Animal/insect bite (15) Suicide (16) Other accidents (17) Voilence (18) Others (specify)

(1) Doctor (2) Nurse (3) Midwife (4) Others (5) None

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Bhutan

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